

May 5, 2003

Re: MDR #: M2-03-0522-01

IRO: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management.

Clinical History

This claimant is a 57-year-old male who suffered a work-related injury on \_\_\_\_ to the cervical area and left shoulder. In 1996, he had a surgical procedure (no information provided). He was subsequently treated with analgesics, physical therapy, and rehabilitative programs. Exams dating to July 1999 revealed tenderness over the left shoulder and cervical area with variable dysesthesias and intermittent temperature changes in the left upper extremity.

A course of stellate ganglion blocks was administered during this period of time without lasting effect. EMG's in 2002 and 2001 suggest chronic C-7 "nerve root irritation". No cervical CT or MRI studies were available for review. The physical exam and reported symptoms are largely unchanged over the period of 1999 through 2002.

Disputed Services:

Outpatient cervical epidural steroid injections at three levels bilaterally, upper and lower, with epidural catheter placement.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedures in question are not medically necessary in this case.

Rationale for Decision:

The patient's cervical condition, while debilitating, is chronic and fixed. There were no significant objective changes noted over the period of 1999 through 2002. The EMG reports from 2001 and 2002 suggested "mild cervical radiculopathy" at C-7, certainly not at three levels.

No objective evidence was provided of any acute or inflammatory process or pathology amenable to local steroid application. Without such evidence, the potential benefit is very small, while exposing the patient to some significant morbidity from cervical epidural injections.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on May 5, 2003.

Sincerely,